

**LOST LAKE CAMP**  
**APPLICATION FOR "JR. STAFF" PERSONS UNDER 18 WHO DESIRE TO ASSIST DOING**  
**CAMP WORK**

This application is to be completed by applicants for any camp position which understood will be under the supervision of an adult. Only those over 15 and attended by a parent at camp will be considered. The parent's application must first be accepted through regular procedures before this application can be considered. Please be careful to complete entire form. Incomplete forms will not be considered.

**PERSONAL**

Date: \_\_\_\_\_ Driver's Licence #: *(if you have one)* \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Name of adult you are accompanying: \_\_\_\_\_  
Last First Middle

Relationship to accompanying adult: \_\_\_\_\_

Birthday: \_\_\_\_\_  
Month Day Year

Present Address: \_\_\_\_\_  
Street or P.O. City State Zip

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEDICAL**

Do you use any prescription drug on a regular basis? ☐ Yes ☐ No If so, please state the name and reason for its use: \_\_\_\_\_

Please list any medical conditions the camp medical director should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Do you have a physical or medical condition that would limit your ability to do this job? If yes, please explain: \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_  
\_\_\_\_\_

*Please continue on next page* ➤

*(office use only):* Date received \_\_\_\_\_ Date approved \_\_\_\_\_  
References checked ☐ Yes ☐ No Date checked \_\_\_\_\_ Initials \_\_\_\_\_

Is your life free from all habits unbecoming to a Christ-follower such as smoking, drinking and violence?

☐Yes ☐No If no, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense? ☐Yes ☐No If yes, please explain: \_\_\_\_\_

## SPIRITUAL LIFE

Are you a Christian? ☐Yes ☐No When saved? \_\_\_\_\_

Have you received the Baptism in the Holy Spirit as recorded in Acts 2:4, 10:44-46 and 19:6?

☐Yes ☐No If no, are you seeking? ☐Yes ☐No

Do you have a systematic habit of personal devotions and Bible study?

☐Yes ☐No If no, will you begin? ☐Yes ☐No

How do you pursue an ongoing relationship with God? \_\_\_\_\_

What church do you currently attend? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

When do you attend (your church)? \_\_\_\_\_

List (name, city, telephone) of all other churches where you have attended regularly during the past five years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you involved in a ministry at your church? Please check below if you are actively involved:

_____ Choir, weekly basis	_____ Jr. Bible Quiz
_____ Usher	_____ Royal Rangers/Missionettes
_____ Youth Ministries	_____ Other Children's Ministries
_____ Other (_____)	

List all previous ministry experience involving children/youth: *(attach separate piece of paper if necessary)*

	<i>Church Name</i>	<i>Type of Work</i>	<i>Supervisor</i>	<i>Telephone</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for camp work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PREFERENCE, AVAILABILITY, AND COMMITMENT

What type of camp work would you prefer to assist ? Rate your preference 1, 2, 3

_____ Program	_____ Cook's Assistant	_____ Life Guard ( <i>attach copy of card</i> )
_____ Dishwasher	_____ Puppet team	_____ Worship team

Following is the date and age group you would be serving if accepted:

***Dates:***

**July 10-14**

***Name of camp:***

**Boy's & Girl's**

***Ages:***

**9 to 13 years old**

Do you understand that each position serves "at will" of the Director and Board and that you may be dismissed without cause? ☐Yes ☐No

It is required for you to be present on Sunday evening before Camp for our regular staff orientation time.

**THANK YOU** for taking the time and effort to complete this application. It will be prayerfully considered as we endeavor to fill volunteer positions.

## CERTIFICATIONS, AGREEMENT, AND CONSENT TO RELEASE INFORMATION

I certify that the information contained in this application is correct to the best of my knowledge. I understand that if I am engaged, false statements may result in my dismissal. I authorize the camp to make investigation of any of the facts set forth in this application. I consent to and authorize Chairman Ralph Ellingson to check any references or churches listed herein to give and communicate any information that they may have regarding my character and fitness for camp work, and I release same from liability for any damage that may result from furnishing such facts, evaluations, or information to you.

If my application is accepted, I agree to refrain from any unscriptural conduct in the performance of my services on behalf of the camp.

I understand that my engagement/employment with this camp is "at will," which means that either the camp or I can terminate my engagement/employment at any time, with or without notice, and for any reason. All employment/engagement is continued on that basis. I understand that no Camp Director or Camp Chairman, other than the Sectional Camp Board has the authority to alter the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed application to  
Lost Lake Camp Chairman Ralph Ellingson  
PO Box 652, Republic, WA 99166**